

# APPLICATION FOR MANUAL DEFIBRILLATOR TECHNICIAN RECERTIFICATION

Section of Community Health & Emergency Medical Services

Box 110616

Juneau, AK 99811-0616

Phone: (907)465-3027/FAX:465-4101

Name:

Address:

Certification Number:

## Application Checklist

- ☐ Completed and signed application.
- ☐ Evidence of current EMT certification
- ☐ Evidence of current CPR certification (full provider course) from a department approved CPR training agency.
- ☐ Evidence of passing the practical examination.
- ☐ Evidence of passing the written examination.
- ☐ Evidence of being under the sponsorship of a physician.

## EMS Certification

I am certified as an:      ETT      EMT Cert. #

Date Certification Expires:

## EMS Affiliation

Service:

Starting date of affiliation:

Address:

Name of supervisor:

Signature of supervisor:

## Practical Examination

This is to confirm that the individual named above successfully completed the appropriate practical examination for defibrillator technician recertification.

\_\_\_\_\_  
Signature of EMT-III Instructor

\_\_\_\_\_  
Date

## Physician Medical Director

I recommend the recertification of the individual named above as a Defibrillator Technician and will continue to fulfill the responsibilities of a physician medical director as outlined in applicable EMS regulations.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

***Notary Public Available***

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

THIS IS TO CERTIFY that on this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appeared \_\_\_\_\_ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_

***No Notary Public Is Available***

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Signature of State Approved  
EMS Certifying Officer

This application for recertification should be completed and returned to the Section of Community Health and EMS on or before your expiration date. If you have questions regarding the recertification process, please call the Section at (907)465-3027.